

US ARMY NAF EMPLOYEE BENEFITS PROGRAM

Premiums for calendar year 2005

Bi-Weekly Premiums

	Single No Dental	Family No Dental	_	Family ntal With Dental	
DOD Health Benefit Plan	\$48.28	\$112.33	\$51.56	\$120.10	
Aetna US Healthcare HMO All States	96.47	235.84	99.75	243.61	
Kaiser Permanente Health Plan (NCR)	83.79	226.30	87.07	234.07	
Kaiser Permanente Hawaii	67.43	186.10	74.16	204.63	
Keystone Health Plan	94.04	226.99	97.32	234.76	
Hawaii Medical Service Association	51.80	144.51	56.64	158.02	
Scott & White Health Plan	77.45	199.72	80.73	207.49	
Triple S, Puerto Rico	50.52	115.41	54.15	127.47	
Basic Life Insurance	\$.14 per \$1000 (of coverage f	or employe	ee & employer	
Dependent Life Insurance	\$5000 spouse/\$2 \$10,000 spouse/\$ \$15,000 spouse/\$	\$5000 child	Free w/b \$1.25 \$2.50	asic life	

Dependent Life Insurance	\$5000 spouse/\$2500 child	Free w/basic life
	\$10,000 spouse/\$5000 child	\$1.25
	\$15,000 spouse/\$7500 child	\$2.50
	\$20,000 spouse/\$10,000 child	\$3.75
	\$25,000 spouse/\$12,500 child	\$5.00

Optional Life Insurance Bi-Weekly Premiums per \$10,000 coverage

Under age 35	\$.70	Age 55-59	\$5.40
Age 35-39	\$.80	Age 60-64	\$8.90
Age 40-44	\$1.40	Age 65-69	\$12.50
Age 45-49	\$2.10	Age 70 and over	\$20.50
Age 50-54	\$3.50	3	•

Monthly Premiums Continuations

	Single	Family
Retiree Medical Plan With Dental	\$111.73	\$260.22
Retiree Medical Plan without Dental	\$104.61	\$243.39
Temporary Continued Coverage (TCC) For 18 months. NO DENTAL	\$355.68	\$827.54